PTO/SB/22 (10-00)

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-				Docket Number (Optional)
O 1 P & FEB 1 2 2002	COPY OF PAPERS	In re Application of Ladouceur et al.		
		Application Number 09/909,500 Filed July 20, 2001		
		For Integrated Management of Medical Information		
	<b></b>	Group Art Unit Examiner		
A TRADEMAN	Y l	2166	TBA	
	This is a request under the provision response in the above identified app	under the provisions of 37 CFR 1.136(a) to extend the period for filing a above identified application.		
	The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
	☐ One month (37 CFR	1.17(a)(1))		\$
	☐ Two months (37 CFR 1.17(a)(2))			\$
	Three months (37 CFR 1.17(a)(3))			\$ <u>920</u>
	Four months (37 CFR 1.17(a)(4))			\$
	☐ Five months (37 CFF	R 1.17(a)(5))		\$
•	Applicant claims small entity above is reduced by one-ha   A check in the amount of the   Payment by credit card. For   The Commissioner has alrea   application to a Deposit Acc   The Commissioner is hereby   or credit any overpayment,   I have enclosed a duplicate   I am the applicant/inventor.   assignee of record of the   Statement under 37 CF   attorney or agent of reco   attorney or agent under 3   Registration number if active   WARNING: Information on this for   be included on this form. Provide	If, and the resulting for fee fee is enclosed. If PTO-2038 is attacted been authorized frount. If authorized to charge to Deposit Account Nationary of this sheet. If an entire interest. See FR 3.73(b) is enclose rd. If CFR 1.34(a). In gunder 37 CFR 1.34(a).	hed. to charge fees in thi e any fees which m lumber 13-2165.  37 CFR 3.71 d. (Form PTO/SB/S	is ay be required, 96).
03/18/2002 SSALEEKU		e credit card imorni	ation and authoriz	ation on P10-2038.
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Su forms if more than one signature is required, see below*.				
	Total of forms are submitted.			

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Reeln: Ref: 03/18/2002 SSALEEKU 0011185500 DAH:132165 FC: 704 Same/Number:09909500 \$525.00 CR